

STANDARD CERTIFICATE OF DEATH

 State File No. **12744**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>909</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>5 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		577	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>823 BOMPART</u>				d. STREET ADDRESS (If rural, give location) <u>823 BOMPART</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u>		b. (Middle) <u>BELLE</u>		c. (Last) <u>WISE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-53</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>11-4-1870</u>	
9. AGE (in years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LACLEDE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE MOORE</u>		14. NAME OF HUSBAND OR WIFE <u>ABRAHAM WISE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs L. J. Lyons 823 Bompard</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death</u> <u>myocardial damage - coronary disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>many years</u> <u>many years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 1948</u> , to <u>March 25, 1953</u> , that I last saw the deceased alive on <u>Dec 21, 1953</u> and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frances R. Pitzer M.D.</u>		23b. ADDRESS <u>5283 Portmanway St.</u>		23c. DATE SIGNED <u>3-26-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>TARKIO MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-27-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Danahy - M.D. Parker - Aldrich</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. Home Webster Groves</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Leslie Welch

Licensed Embalmer No. _____

4395

P. O. Address _____

Hebster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.